

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | SERIAL NO. | 10/812-943 | | FILING DATE | | |
|---|-----------------------|-----|-----------------------|-----|-----|--------------|------------|-----|-------------|-----|--|
| | | | | | | APPLICANT(S) | | | | | |
| | | | | | | CLAIMS | | | | | |
| AS FILED | ADMITTED AMENDMENT | | ADMITTED AMENDMENT | | IND | DEP | IND | | DEP | | |
| | IND | DEP | IND | DEP | | | IND | DEP | IND | DEP | |
| 1 | 1 | | 1 | | | | 2 | 2 | 2 | | |
| 2 | | | 1 | | | | 2 | 1 | 2 | | |
| 3 | | | 1 | | | | 2 | 2 | 2 | | |
| 4 | | | 1 | | | | 2 | 2 | 2 | | |
| 5 | | | 1 | | | | | | | | |
| 6 | | | 1 | | | | | | | | |
| 7 | | | 1 | | | | | | | | |
| 8 | | | 1 | | | | | | | | |
| 9 | | | 1 | | | | | | | | |
| 10 | | | 1 | | | | | | | | |
| 11 | | | 1 | | | | | | | | |
| 12 | | | 1 | | | | | | | | |
| 13 | | | 1 | | | | | | | | |
| 14 | | | 1 | | | | | | | | |
| 15 | | | 1 | | | | | | | | |
| 16 | | | 1 | | | | | | | | |
| 17 | | | 1 | | | | | | | | |
| 18 | | | 1 | | | | | | | | |
| 19 | 1 | | 1 | | | | | | | | |
| 20 | | | 1 | | | | | | | | |
| 21 | | | 1 | | | | | | | | |
| 22 | | | 1 | | | | | | | | |
| 23 | | | 1 | | | | | | | | |
| 24 | | | 1 | | | | | | | | |
| 25 | | | 1 | | | | | | | | |
| 26 | | | 1 | | | | | | | | |
| 27 | | | 1 | | | | | | | | |
| 28 | | | 1 | | | | | | | | |
| 29 | | | 1 | | | | | | | | |
| 30 | | | 1 | | | | | | | | |
| 31 | | | 1 | | | | | | | | |
| 32 | | | 1 | | | | | | | | |
| 33 | | | 1 | | | | | | | | |
| 34 | | | 1 | | | | | | | | |
| 35 | | | 1 | | | | | | | | |
| 36 | | | 1 | | | | | | | | |
| 37 | | | 1 | | | | | | | | |
| 38 | | | 1 | | | | | | | | |
| 39 | | | 1 | | | | | | | | |
| 40 | | | 1 | | | | | | | | |
| 41 | | | 1 | | | | | | | | |
| 42 | 1 | | 1 | | | | | | | | |
| 43 | | | 1 | | | | | | | | |
| 44 | | | 1 | | | | | | | | |
| 45 | 1 | | 1 | | | | | | | | |
| 46 | | | 1 | | | | | | | | |
| 47 | | | 1 | | | | | | | | |
| 48 | | | 1 | | | | | | | | |
| 49 | | | 1 | | | | | | | | |
| 50 | 2 | | 2 | | | | | | | | |
| TOTAL IND. | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | |

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